

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street)

P.O. BOX 64897

☐ Check if different than previously reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JUDY DIEKELMAN

Signature of Treasurer

JUDY DIEKELMAN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		46685.13
(b) Cash on Hand at Beginning of Reporting Period.....	46685.13	
(c) Total Receipts (from Line 19)	42282.70	42282.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	88967.83	88967.83
7. Total Disbursements (from Line 31)	33094.53	33094.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55873.30	55873.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	169510.47	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

35750.00

35750.00

(ii) Unitemized

6532.70

6532.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42282.70

42282.70

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42282.70

42282.70

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

42282.70

42282.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42282.70

42282.70

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	4812.32	4812.32
(ii) Non-Federal Share.....	8555.28	8555.28
(b) Other Federal Operating Expenditures	3969.50	3969.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17337.10	17337.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	15757.43	15757.43
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	15757.43	15757.43
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33094.53	33094.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24539.25	24539.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42282.70	42282.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42282.70	42282.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	8781.82	8781.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	8781.82	8781.82

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

This report is amended to correct the H1 Federal/Nonfederal allocation fixed percentage. Schedule H4 is corrected accordingly.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CAROL DONOVAN

Mailing Address 340 E RANDOLPH STREET
APT. 2803

City State Zip Code
CHICAGO IL 60601-7930

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMITH & DONOVAN CONFECTIONS INC.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2015

Transaction ID : SA11AI.10538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR. TOM HARTWELL

Mailing Address INFORMATION REQUESTED

City State Zip Code
INFORMATION REQUESTED IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2015

Transaction ID : SA11AI.10541

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JAMES HRUSKA

Mailing Address 9021 S 83RD COURT

City State Zip Code
HICKORY HILLS IL 60457-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2015

Transaction ID : SA11AI.10543

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SANFORD E PERL

Mailing Address 570 LONGWOOD AVENUE

City State Zip Code
 GLENCOE IL 60022-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KIRKLAND & ELLIS LLP

Occupation
 ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.10533

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. RICHARD W PORTER

Mailing Address 875 BRYANT AVENUE

City State Zip Code
 WINNETKA IL 60093-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KIRKLAND & ELLIS LLP

Occupation
 ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 02 / 2015

Transaction ID : SA11AI.10503

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. MATTHEW E STEINMETZ

Mailing Address 1235 WEBSTER AVE

City State Zip Code
 CHICAGO IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
 KIRKLAND & ELLIS LLP

Occupation
 ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.10537

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. TED ZOOK

Mailing Address 745 LOCUST ST.

City

WINNETKA

State

IL

Zip Code

60093-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer

KIRKLAND & ELLIS LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA11AI.10535

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

35750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOTEL DEL CORONADO

Mailing Address 1500 ORANGE AVE

City	State	Zip Code
CORONADO	CA	92118

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Transaction ID : SB21B.10662

Amount of Each Disbursement this Period

600.81

Full Name (Last, First, Middle Initial)

B. HOTEL DEL CORONADO

Mailing Address 1500 ORANGE AVE

City	State	Zip Code
CORONADO	CA	92118

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Transaction ID : SB21B.10664

Amount of Each Disbursement this Period

1407.48

Full Name (Last, First, Middle Initial)

C. HOTEL DEL CORONADO

Mailing Address 1500 ORANGE AVE

City	State	Zip Code
CORONADO	CA	92118

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Transaction ID : SB21B.10696

Amount of Each Disbursement this Period

41.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2049.50

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MB FINANCIAL

Category/
Type

620.61

State: District:

B. OMNI SHOREHAM HOTEL

Category/
Type

240.46

State: District:

C. OMNI SHOREHAM HOTEL

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '01' with two squares above it. The second display shows '08' with two squares above it. The third display shows '2015' with four squares above it.

Category/
Type

249.96

State: District:

Age Group	Percentage
18-24	1111.03
25-34	1000.00
35-44	1000.00
45-54	1000.00
55-64	1000.00
65-74	1000.00
75-84	1000.00
85+	1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. OMNI SHOREHAM HOTEL

Mailing Address 2500 CALVERT ST NW

City
WASHINGTONState
DCZip Code
20008Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 08 2015
Transaction ID : SB21B.10686

Amount of Each Disbursement this Period

120.23

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.23

3280.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.10609**

Amount of Each Disbursement this Period

2800.88

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2015

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.10653**

Amount of Each Disbursement this Period

3028.59

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. JAYME ODOM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 1401 S STATE ST APT 2111

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.10614**

Amount of Each Disbursement this Period

2666.10

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8495.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JAYME ODOM

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SB30B.10654

Amount of Each Disbursement this Period

2666.10

Full Name (Last, First, Middle Initial)

B. ANDREW WELHOUSEMailing Address 303 S. HALSTED STREET
APT. 2

City	State	Zip Code
CHICAGO	IL	60661

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Transaction ID : SB30B.10610

Amount of Each Disbursement this Period

2297.87

Full Name (Last, First, Middle Initial)

C. ANDREW WELHOUSEMailing Address 303 S. HALSTED STREET
APT. 2

City	State	Zip Code
CHICAGO	IL	60661

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SB30B.10655

Amount of Each Disbursement this Period

2297.89

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7261.86

15757.43

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 26

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City State

CHATTANOOGA

Zip Code

TN

37402

Outstanding Balance Beginning This Period

43181.51

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43181.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS CONNECT, LLC

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City State

SAINT PAUL

Zip Code

MN

55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JOHN HANCOCK LIFE INSURANCE COMPANY

Nature of Debt (Purpose):

RENT

Mailing Address REAL ESTATE DIVISION

City

BUFFALO

State

NY

Zip Code

14240

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11511

Amount Incurred This Period

3140.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

3140.77

1) SUBTOTALS This Period This Page (optional)..... ►

89670.28

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 26

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAILFINANCE, NEOPOST USA

Nature of Debt (Purpose):
POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City State

CARROLLTON

Zip Code

TX

75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGEMailing Address 400 FIRST STREET, SE
SUITE 200

City State

WASHINGTON

Zip Code

DC

20003

Outstanding Balance Beginning This Period

36451.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36451.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

38000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38000.00

1) SUBTOTALS This Period This Page (optional)..... ►

79840.19

2) TOTALS This Period (last page this line number only)..... ►

169510.47

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

169510.47

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Transaction ID : H1.10698

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

☒ _____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 18 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE		Transaction ID : H4.10587		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 310 FIRST STREET, SE					
City WASHINGTON	State DC	Zip Code 20003			
Purpose of Disbursement: EVENT REGISTRATION FEE				Allocated Activity or Event Year-To-Date 100.00	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 05 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.00			64.00		100.00

B. Full Name (Last, First, Middle Initial) FLOWERS & GIFTS BY MICHELLE		Transaction ID : H4.10590		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 16101 S PARK AVE					
City SOUTH HOLLAND	State IL	Zip Code 60473			
Purpose of Disbursement: FLORAL EXPENSE				Allocated Activity or Event Year-To-Date 200.00	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 07 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.00			64.00		100.00

C. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.10596		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 111 N. WABASH AVENUE					
City CHICAGO	State IL	Zip Code 60602			
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 348.16	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 08 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
53.34			94.82		148.16

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
125.34		222.82		348.16

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 19 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) OFFICE DEPOT		Transaction ID : H4.10597		Allocated Activity or Event:	
Mailing Address 6 S STATE ST				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City CHICAGO		State IL	Zip Code 60603	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: OFFICE SUPPLIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
				<div> <div>01</div> <div>12</div> <div>2015</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.96			76.37		119.33

B. Full Name (Last, First, Middle Initial) PRARIE CAPITAL CONVENTION CENTER		Transaction ID : H4.10605		Allocated Activity or Event:	
Mailing Address 1 CONVENTION CENTER PL				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City SPRINGFIELD		State IL	Zip Code 62701	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: PARKING SERVICES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
				<div> <div>01</div> <div>14</div> <div>2015</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.04			8.96		14.00

C. Full Name (Last, First, Middle Initial) SAPUTOS RESTAURANT		Transaction ID : H4.10607		Allocated Activity or Event:	
Mailing Address 801 E MONROE ST				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City SPRINGFIELD		State IL	Zip Code 62701	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: MEETING EXPENSE: MEALS				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
				<div> <div>01</div> <div>14</div> <div>2015</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.22			32.38		50.60

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
66.22		117.71		183.93

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) DOUBLE TREE HOTEL		Transaction ID : H4.10701		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 701 E. ADAMS STREET					
City SPRINGFIELD	State IL	Zip Code 62701			
Purpose of Disbursement: PARKING SERVICES				Allocated Activity or Event Year-To-Date 543.77	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 14 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			7.48		11.68

B. Full Name (Last, First, Middle Initial) CASEYS GENERAL STORE		Transaction ID : H4.10612		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3001 RIDGE AVE					
City SPRINGFIELD	State IL	Zip Code 62702			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 574.08	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.91			19.40		30.31

C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO		Transaction ID : H4.10615		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2211 N BISSELL APT 3					
City CHICAGO	State IL	Zip Code 60614			
Purpose of Disbursement: PAYROLL < 25% FED				Allocated Activity or Event Year-To-Date 1343.67	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.05			492.54		769.59

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
292.16		519.42		811.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) LINCOLN MOTOMART		Transaction ID : H4.10616		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1122 KEOKUK ST					
City LINCOLN	State IL	Zip Code 62656			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 1351.57	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.84			5.06		7.90

B. Full Name (Last, First, Middle Initial) MINDS AND MACHINES LLC		Transaction ID : H4.10622		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3100 DONALD DOUGLAS LN					
City SANTA MONICA	State CA	Zip Code 90405			
Purpose of Disbursement: ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 1371.73	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.26			12.90		20.16

C. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE		Transaction ID : H4.10624		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 310 FIRST STREET, SE					
City WASHINGTON	State DC	Zip Code 20003			
Purpose of Disbursement: EVENT REGISTRATION FEE				Allocated Activity or Event Year-To-Date 1446.73	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
27.00			48.00		75.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.10		65.96		103.06

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) DOUBLE TREE HOTEL			Transaction ID : H4.10699			Allocated Activity or Event:		
Mailing Address 701 E. ADAMS STREET						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City SPRINGFIELD		State IL		Zip Code 62701		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement: TRAVEL: LODGING						<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier: Administrative						Allocated Activity or Event Year-To-Date <div>4957.93</div>		
Category/Type						Date <div>01</div> / <div>16</div> / <div>2015</div>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<div>1264.03</div>						<div>2247.17</div>		
			=			TOTAL AMOUNT		
						<div>3511.20</div>		

B. Full Name (Last, First, Middle Initial) DOUBLE TREE HOTEL			Transaction ID : H4.10703			Allocated Activity or Event:		
Mailing Address 701 E. ADAMS STREET						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City SPRINGFIELD		State IL		Zip Code 62701		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement: PARKING SERVICES						<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier: Administrative						Allocated Activity or Event Year-To-Date <div>4995.11</div>		
Category/Type						Date <div>01</div> / <div>16</div> / <div>2015</div>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<div>13.38</div>						<div>23.80</div>		
			=			TOTAL AMOUNT		
						<div>37.18</div>		

C. Full Name (Last, First, Middle Initial) EINSTEIN BAGELS			Transaction ID : H4.10629			Allocated Activity or Event:		
Mailing Address 420 ROBINSON AVE						<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City SAN DIEGO		State CA		Zip Code 92103		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement: MEETING EXPENSE: MEALS						<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier: Administrative						Allocated Activity or Event Year-To-Date <div>5005.69</div>		
Category/Type						Date <div>01</div> / <div>20</div> / <div>2015</div>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<div>3.81</div>						<div>6.77</div>		
			=			TOTAL AMOUNT		
						<div>10.58</div>		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div>1281.22</div>		<div>2277.74</div>		<div>3558.96</div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<div></div>		<div></div>		<div></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 26

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) USPS - OAK BROOK		Transaction ID : H4.10635		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1314 KENSINGTON ROAD					
City OAK BROOK	State IL	Zip Code 60523			
Purpose of Disbursement: POSTAGE				Allocated Activity or Event Year-To-Date 5012.39	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 20 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.41			4.29		6.70

B. Full Name (Last, First, Middle Initial) AMAZON		Transaction ID : H4.10636		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 410 TERRY AVE N					
City SEATTLE	State WA	Zip Code 98109			
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 5013.52	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 21 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
0.41			0.72		1.13

C. Full Name (Last, First, Middle Initial) LEXIS NEXIS		Transaction ID : H4.10637		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 2314					
City CAROL STREAM	State IL	Zip Code 60132			
Purpose of Disbursement: ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 5283.52	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 21 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
97.20			172.80		270.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.02		177.81		277.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.10638		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 111 N. WABASH AVENUE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 5505.17	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 21 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.79			141.86		221.65

B. Full Name (Last, First, Middle Initial) US BANK		Transaction ID : H4.10640		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. BOX 790448				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ST. LOUIS	State MO	Zip Code 63179		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: EQUIPMENT RENTAL				Allocated Activity or Event Year-To-Date 5656.72	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 21 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.56			96.99		151.55

C. Full Name (Last, First, Middle Initial) ITALIAN VILLAGE		Transaction ID : H4.10642		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 71 W. MONROE ST.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 5691.72	
Activity or Event Identifier: Administrative		Category/ Type		Date MM / DD / YYYY 01 / 22 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.60			22.40		35.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
146.95		261.25		408.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) THE GRILL ROOM		Transaction ID : H4.10645		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 33 W MONROE ST					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 5777.73	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 22 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.96			55.05		86.01

B. Full Name (Last, First, Middle Initial) WEST BEND MUTUAL INSURANCE		Transaction ID : H4.10647		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430					
City ELMHURST	State IL	Zip Code 60126			
Purpose of Disbursement: INSURANCE: GENERAL LIABILITY				Allocated Activity or Event Year-To-Date 6252.82	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 22 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
171.03			304.06		475.09

C. Full Name (Last, First, Middle Initial) HILTON SPRINGFIELD		Transaction ID : H4.10705		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 700 EAST ADAMS ST.					
City SPRINGFIELD	State IL	Zip Code 62701			
Purpose of Disbursement: TRAVEL: LODGING				Allocated Activity or Event Year-To-Date 12534.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 23 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2261.23			4019.96		6281.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2463.22		4379.07		6842.29

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) SQUARE		Transaction ID : H4.10651		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1455 MARKET STREET					
City SAN FRANCISCO	State CA	Zip Code 94103			
Purpose of Disbursement: MERCHANT FEES				Allocated Activity or Event Year-To-Date 12554.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 28 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.20			12.80		20.00

B. Full Name (Last, First, Middle Initial) VERTICALRESPONSE, INC.		Transaction ID : H4.10652		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 BEALE STREET 10TH FLOOR					
City SAN FRANCISCO	State CA	Zip Code 94105			
Purpose of Disbursement: ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 12598.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 30 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.84			28.16		44.00

C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO		Transaction ID : H4.10656		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2211 N BISSELL APT 3					
City CHICAGO	State IL	Zip Code 60614			
Purpose of Disbursement: PAYROLL < 25% FED				Allocated Activity or Event Year-To-Date 13367.60	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 30 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
277.05			492.54		769.59

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
300.09		533.50		833.59

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
4812.32	8555.28	13367.60